



Washington State Department of
Labor & Industries

ProviderOne



Enrolling as a facility, agency, organization, or institution (FAOI) provider

ProviderOne User Guide

Updated December 2024

Disclaimer: Every effort was made to ensure this manual's accuracy. However, in the unlikely event of an actual or apparent conflict between this document and department rule, the department rule controls.

Table of Contents

Enrolling as an FAOI provider	1-2
Step 1: Basic information.....	2-4
Step 2: Add locations	5-10
Step 3: Add specializations.....	11-12
Step 4: Add ownership details	13-15
Step 5: Add licenses and certifications.....	16-17
Step 6-8: Not Applicable to FAOI enrollments.....	18
Step 9: Add federal tax details	19
Steps 10-13: Not applicable to L&I providers	200
Step 14: Add servicing provider information.....	21-23
Step 15: Add payment and remittance details	244-25
Step 16: Complete enrollment checklist	266
Step 17: Final enrollment instructions	277-29

Enrolling as an FAOI provider

An FAOI provider is a facility, agency, organization, or institution. The following ProviderOne topics and tasks are covered in this section:

PROVIDER ENROLLMENT LINKS

Use this link to start a new provider enrollment application:

www.waproviderone.org/ecams/jsp/common/pgNewPrvdrEnrollment.jsp

Or, use this link to resume an incomplete enrollment application:

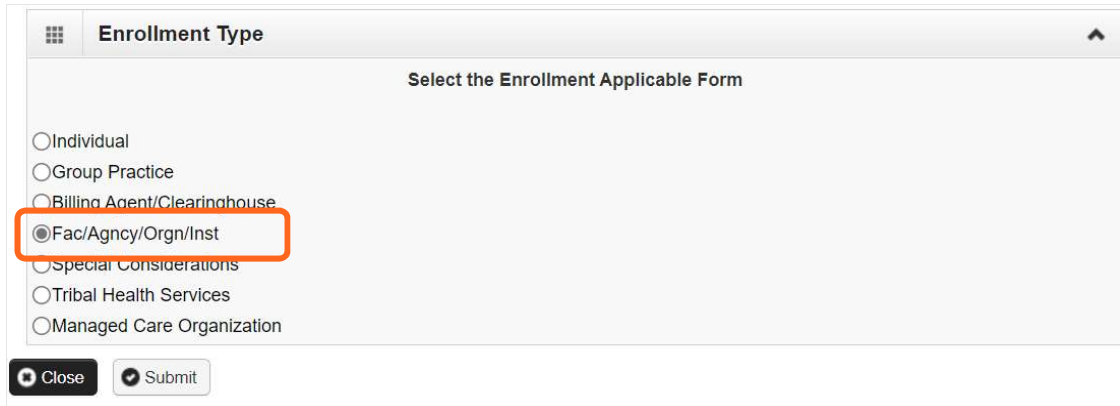
www.waproviderone.org/ecams/jsp/common/pgTrackPrvdrApplctn.jsp

- You'll need your application ID and Social Security Number to resume the application.

Step 1: Basic information

SELECTING THE ENROLLMENT TYPE

- Select **Fac/Agency/Orgn/Inst**
- Click **Submit**

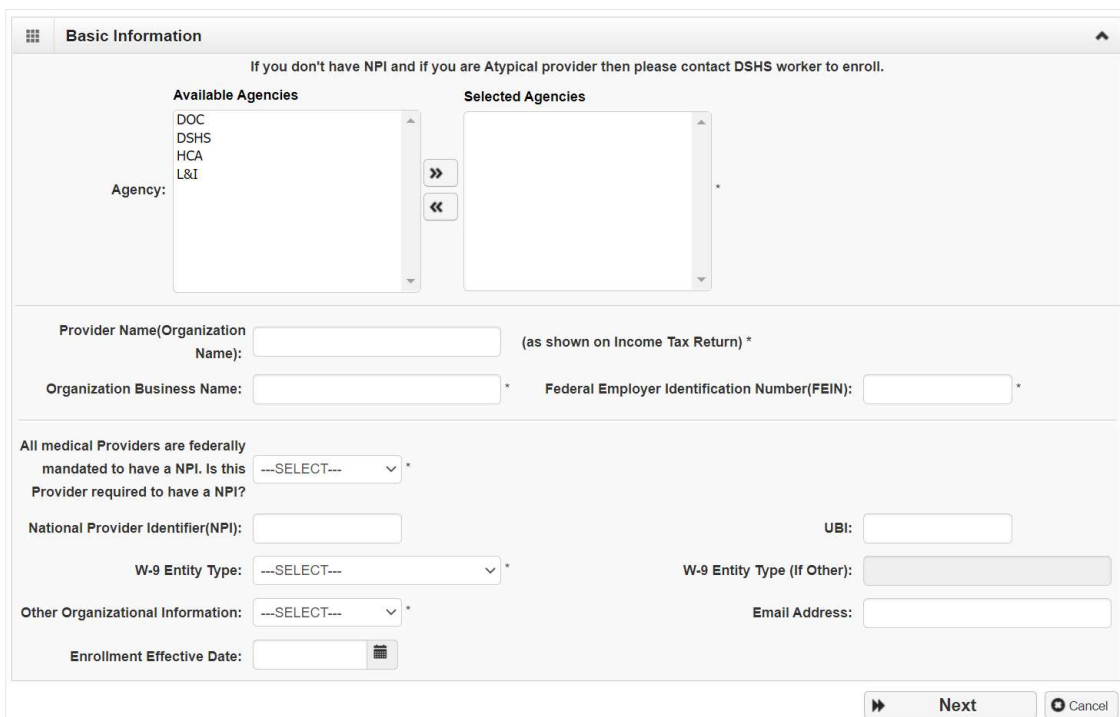


The screenshot shows a window titled "Enrollment Type" with a sub-header "Select the Enrollment Applicable Form". It contains a list of radio button options: Individual, Group Practice, Billing Agent/Clearinghouse, Fac/Agency/Orgn/Inst (highlighted with an orange box), Special Considerations, Tribal Health Services, and Managed Care Organization. At the bottom, there are "Close" and "Submit" buttons.

Note: Fields marked with an asterisk are required.

BASIC INFORMATION

- ProviderOne displays the **Step 1: Basic information** page.



The screenshot shows a "Basic Information" form with the following fields and sections:

- Agency Selection:** "Available Agencies" (DOC, DSHS, HCA, L&I) and "Selected Agencies" (empty) with double arrow buttons between them.
- Provider Name:** "Provider Name(Organization Name):" (required, as shown on Income Tax Return) and "Organization Business Name:" (required).
- Identification:** "Federal Employer Identification Number(FEIN):" (required) and "National Provider Identifier(NPI):" (required).
- Entity Information:** "All medical Providers are federally mandated to have a NPI. Is this Provider required to have a NPI?" (dropdown), "W-9 Entity Type:" (dropdown), "W-9 Entity Type (If Other):" (text input), and "UBI:" (text input).
- Other Information:** "Other Organizational Information:" (dropdown), "Enrollment Effective Date:" (calendar icon), and "Email Address:" (text input).
- Navigation:** "Next" and "Cancel" buttons at the bottom right.

- In the **Agency** box, click **L&I**, then click the double right arrows.

Note: The note at the top of the screen doesn't apply to L&I.

- Select **FEIN** for the **Tax Identifier Type**.

- In the **Provider Name (Organization Name)** field, enter the legal name that's registered with the Internal Revenue Service (IRS).
- In the **Organization Business Name** field, enter the "doing business as" (DBA) name.
- Enter your **Federal Employer Identification Number (FEIN)**.

- For the remaining fields:

- Use the dropdown to indicate if you're federally mandated to have an NPI number.
 - If **Yes**, enter NPI.
 - If **No**, a generic NPI will automatically generate.

Note: If you're unsure, go to the [L&I website](#) to learn more:

- **Don't** enter a UBI or enrollment effective date in this step.
- Enter business **Email Address**. We'll email your application ID for future reference.

Note: We'll use this email address if there are questions about your application.

- Click **Next** to see your Application ID.

APPLICATION ID

The Application ID will be sent to the email address you provided.

Application Id: 20220629694630	Name: LNI Test Individual	Enrollment Type: Individual
Basic Information You have been assigned app Please make note of this app Click Next to go into the Business Process Wizard. You will need to complete all the required steps before submitting your application for State review. This number will be emailed to you.		

Please make note of this application number before moving on to the next step...

BUSINESS PROCESS WIZARD (BPW)

The Business Process Wizard, referred to as BPW, will guide you through the necessary steps to finish your application.

<input type="button" value="Close"/> <input type="button" value="→ Required Credentials"/> <input type="button" value="← Purge"/>						
Enroll Provider - Facility/Agency/Organization/Institution						
Business Process Wizard-Provider Enrollment (Facility/Agency/Organization/Institution). Click on the Step # under the Step Column						
Step	Required	Start Date	End Date	Status	Step Remark	
Step 1: Provider Basic Information	Required	07/12/2022	07/12/2022	Complete		
Step 2: Add Locations	Required			Incomplete		
Step 3: Add Specializations	Required			Incomplete		
Step 4: Ownership & Managing/Controlling Interest details	Required			Incomplete		
Step 5: Add Licenses and Certifications	Optional			Incomplete		
Step 6: Add Training and Education	Optional			Incomplete		
Step 7: Add Identifiers	Optional			Incomplete		
Step 8: Add Contract Details	Optional			Incomplete		
Step 9: Add Federal Tax Details	Required			Incomplete		
Step 10: Add EDI Submission Method	Optional			Incomplete		
Step 11: Add EDI Billing Software Details	Optional			Incomplete		
Step 12: Add EDI Submitter Details	Optional			Incomplete		
Step 13: Add EDI Contact Information	Optional			Incomplete		
Step 14: Add Servicing Provider Information	Optional			Incomplete		
Step 15: Add Payment and Remittance Details	Required			Incomplete		
Step 16: Complete Enrollment Checklist	Required			Incomplete		
Step 17: Final Enrollment Instructions	Required			Incomplete		

Required	Start Date	End Date	Status
Required	06/29/2022	06/29/2022	Complete
Required			Incomplete

All steps marked **Required** must have a **Complete** status before you can submit the application.

Step 2: Add locations

ADD PROVIDER LOCATION FORM

- The first location you add will be your NPI Base Location where you bill for services: **Location** (physical address of primary location)
- **Mailing** (the place where you get mail)
- **Pay-to** (the place where a paper check or remittance advice is sent)

The first location you add will be your NPI Base Location where you bill for services. If you have more than one location, repeat the steps below. Each location will receive its own L&I provider number for billing and may appear in L&I's Find a Doctor (FAD) provider directory.

ADD LOCATIONS

- Click **Add**.

The screenshot shows a web interface titled "Locations List". At the top left, there are "Close" and "Add" buttons. The "Add" button is highlighted with an orange box. Below the buttons is a search bar with "Filter By:" and a "Go" button. To the right of the search bar are "Save Filter" and "My Filters" buttons. Below the search bar is a table with columns: "Location Number", "Location Name", "Location Type", "Location Details", and "End Date". The table is currently empty, and a red message "No Records Found!" is displayed at the bottom of the table.

ADD PHYSICAL LOCATION INFORMATION

- Enter the required fields.

Don't enter a date in the End Date field for any of these addresses. **Important!** Include the phone number you want patients to call for each location

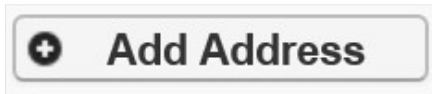
The screenshot shows a form titled "Add Physical Location Information". The form contains several fields: "Location Type" (dropdown menu, set to "NPI Base Location"), "Business Name at this Location", "End Date" (calendar icon), "Contact First Name", "Contact Last Name", "Address Line 1", "Address Line 2", "Address Line 3", "City/Town" (dropdown menu), "State/Province" (dropdown menu), "County" (dropdown menu), "Country" (dropdown menu), "Zip Code", "Fax Number", "Phone Number", "Cell Phone Number", "Email Address" (highlighted with an orange box), "Communication Preference" (dropdown menu, set to "Email"), "Web Page", and "WA Tax Revenue Code" (dropdown menu). There is an "Add Address" button next to the Zip Code field.

Note: An email address must be entered if choosing Electronic Funds Transfer with Email Notification in

ADD ADDRESS INFORMATION

To add a Location, Mailing, and Pay-To Address:

- Click **Add Address**.



- Complete **Address Line 1** and **Zip Code** fields.
- Click **Validate Address**.

A screenshot of a web form titled "Address details". The form contains several input fields: "Address Line 1" (with a red box around it), "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", "Country", and "Zip Code". A "Validate Address" button (with a red box around it) is located at the bottom right of the form. There are also "OK" and "Cancel" buttons at the bottom right.

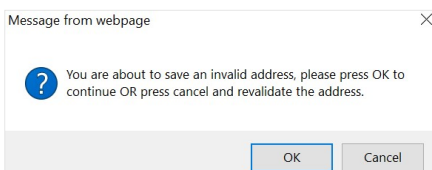
- If the address entered is valid, the following message will appear at the top of the page.

A screenshot of the "Address details" form showing a successful validation. A red box highlights a message at the top: "Address validation successful". The "Address Line 1" field now contains "123 State Ave". The "City/Town" dropdown is set to "LACEY", "State/Province" to "Washington", "County" to "Thurston", and "Zip Code" to "98513 - 6856". The "Validate Address" button is still present.

- If the address entered is not located, the following message will appear at the top of the page.

A screenshot of the "Address details" form showing an error message. A red box highlights a message at the top: "Address not found with Street Address and Zip Code Combination".

- Either:
 - Correct the address and click **Validate Address** again.
 - Or, click **OK** to continue. The following pop-up window will be displayed.



- Click **OK** to save or **Cancel** to revalidate the address using the steps above.

- Click **OK** and **Close** to return.

Note: Make sure you can receive mail at the location. If your address isn't valid, it may delay payment and correspondence.

L&I SPECIFIC INFORMATION

This section allows you to choose if this group location appears in the Find a Doctor directory on www.Lni.wa.gov.

- Select **Yes** to have this location appear in the “Find a Doctor” directory on L&I’s website. The fields in this section are required.
 - Make the remaining selections:

The screenshot shows the 'L&I Specific Information' form. The 'Publish in Provider Directory' dropdown is highlighted with a red box and set to 'Yes'. Other fields include 'Age Restrictions' (No), 'Accept New Patients' (Yes), and 'Handicapped Accessible' (Yes). The 'Available Languages' list includes AII-Assyrian, AIX-American Indian (General), ALB-Albanian, AMH-Amharic, ANU-Anuak, ARA-Arabic, ARM-Armenian, AZX-Azeri (Azerbaijani), B1X-Braille Grade 1, and B2X-Braille Grade 2. The 'Selected Languages' list contains ENG-English. The 'Office Hours' section shows Monday through Sunday, with Thursday set to 'Open' from 8:30 AM to 4:30 PM.

- Selecting **No** disables the remaining fields in this section.

The screenshot shows the 'L&I Specific Information' form. The 'Publish in Provider Directory' dropdown is highlighted with a red box and set to 'No'. The remaining fields, including 'Age Restrictions', 'Accept New Patients', 'Handicapped Accessible', 'Available Languages', 'Selected Languages', and 'Office Hours', are disabled and appear as greyed-out.

- Click **Save** when done.

ADD MAILING ADDRESS INFORMATION

You can indicate the same address as the physical location or enter a new address.

- Click **Same as Location Address** to copy the physical location address.
- Or, follow the instructions on the previous pages to **Add Address**.

Mailing Address

Same as Location Address

End Date:

Click on 'Add Address' button to populate address field

Address Line 1:

Address Line 2:

Address Line 3:

City/Town:

State/Province:

County:

Country:

Zip Code: -

ADD PAY-TO ADDRESS INFORMATION

- Follow the mailing address instructions.

Pay-To Address

Same as Location Address

End Date:

Click on 'Add Address' button to populate address field

Address Line 1:

Address Line 2:

Address Line 3:

City/Town:

State/Province:

County:

Country:

Zip Code: -

ADD FACILITY DETAILS

L&I requires you to complete two fields in this section.

- In the **No. of Licensed Beds** field:
 - If you're a facility with licensed beds, enter the total number of beds.
 - If not, enter "0".
- Enter your **Fiscal Year End Date** into the application field.

Facility Details

State Facility ID:

Accreditation: No

Distinct Part Unit: None

Fiscal Year End Date

No. Of Licensed Beds:

ADD PHARMACY DETAILS

Pharmacies only:

- Complete as appropriate. The NABP number is in Step 7.

The screenshot shows a form titled "Pharmacy Details". It contains several input fields and dropdown menus: "Pharmacy Store Number" (text box), "National Association of Board of Pharmacy Number" (text box), "340B" (dropdown menu with "No" selected), "Pharmacy Type" (dropdown menu with "Retail" selected), "Pharmacy Volume" (dropdown menu with "High" selected), and "Unit Dose Pharmacy" (dropdown menu with "No" selected).

REGIONAL SUPPORT NETWORK DETAILS

Leave this field blank.

- Click **OK** to save or **Cancel** to close without saving. You'll return to the **Locations List**.
- From the **Locations List**, click **Close** to return to the BPW or **Add** to enter a Servicing Location.

ADD SERVICING LOCATIONS

If your organization provides services at more than one location, you can add them here. To add a Servicing Location, you must provide a Location and Mailing Address.

- Above the **Locations List**, click **Add**.

The screenshot shows the "Locations List" interface. At the top left, there are "Close" and "Add" buttons. The "Add" button is highlighted with a red box. Below the buttons is a "Filter By" section with a dropdown menu and a "Go" button. To the right are "Save Filter" and "My Filters" buttons. The main area is a table with columns: "Location Number", "Location Name", "Location Type", "Location Details", and "End Date". The table is currently empty, and a red message "No Records Found!" is displayed at the bottom.

- Repeat steps from **Add Physical Location Information** section (page 8) and continue through each section.
 - The **Location Type** field will change to **NPI Servicing Location** (see highlighted below).

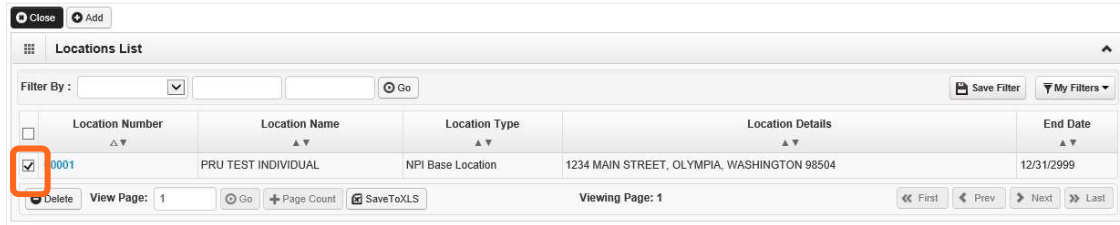
The screenshot shows the "Add Physical Location Information" form. The "Location Type" dropdown menu is highlighted in blue and shows "NPI Servicing Location". Other fields include: "Business Name at this Location", "Contact First Name", "Contact Last Name", "End Date", "Address Line 1", "Address Line 2", "Address Line 3", "City/Town", "State/Province", "County", "Country", "Zip Code", "Fax Number", "Phone Number", "Email Address", "Cell Phone Number", "Communication Preference" (set to "Email"), and "Web Page". There is an "Add Address" button next to the Zip Code field.

- Click **OK** to save or **Cancel** to close without saving.

DELETE A LOCATION

If you add an incorrect location when completing your application you can use the delete button to remove them.

- Check the box next to the record you want to delete and click **Delete**.



The screenshot shows a web application interface for managing locations. At the top, there are 'Close' and 'Add' buttons. Below is a 'Locations List' header with a filter section containing 'Filter By:' dropdowns and a 'Go' button. A 'Save Filter' button and a 'My Filters' dropdown are also present. The main area is a table with the following columns: Location Number, Location Name, Location Type, Location Details, and End Date. The first row contains the data: 0001, PRU TEST INDIVIDUAL, NPI Base Location, 1234 MAIN STREET, OLYMPIA, WASHINGTON 98504, and 12/31/2999. A red box highlights the checkbox in the first column of this row, which is checked. Below the table, there is a 'Delete' button, a 'View Page: 1' field, a 'Go' button, a 'Page Count' field, a 'SaveToXLS' button, and a 'Viewing Page: 1' field. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also visible.

Location Number	Location Name	Location Type	Location Details	End Date
<input checked="" type="checkbox"/> 0001	PRU TEST INDIVIDUAL	NPI Base Location	1234 MAIN STREET, OLYMPIA, WASHINGTON 98504	12/31/2999

Note: When a location is deleted, all step details associated with that location, including Address, Specialties, and Licenses/Certifications will be deleted.

Step 3: Add specializations

The information you enter here will indicate the provider/organization type, classification, and area of specialization.

ADDING SPECIALIZATIONS

IMPORTANT NOTE: Only enter your primary specialty. Any additional specialty you add in this step will result in additional billing accounts.

- Click **Add**.

Note: Provider Type and Specialty/Subspecialty are your Taxonomy Codes.
You must choose an admin for each agency(s) selected in Step 1.

Provider Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date
No Records Found !					

- Select the appropriate location, or **All**, from the **Location** drop-down menu.
- Choose L&I from the Administration drop-down menu.

Location: All *

Administration: L&I-Labor And Industries Administr: *

- Choose the **Provider Type** and **Specialty**.

Location: All *

Administration: L&I-Labor And Industries Administr: *

Provider Type: 24-Technologists, Technicians & Ot *

Specialty: 71-Radiologic Technologist *

End Date: [Calendar Icon]

- Don't enter an **End Date**. ProviderOne will auto-populate to 12/31/2999.

- The Provider Type selection will populate the options for Specialty, which displays the available taxonomy codes.
 - Use the double arrows to move your primary taxonomy code from the **Available Taxonomy Codes** box to the **Associated Taxonomy Codes** box.
- Click **OK** to save or **Cancel** to close without saving.

DELETING SPECIALIZATIONS

If you add an incorrect specialty or sub specialty when completing your application you can use the delete button to remove them.

- Check the box next to the record you want to delete and click **Delete**.

Provider Type	Specialty/Subspecialty	Location Number	Location Name	Administration	End Date
<input type="checkbox"/> 19-Group	32-Multi-Specialty/00000-Multi-Specialty	00001	A Clinic for All	L&I	12/31/2999

- Click **Close** and go to the next step.

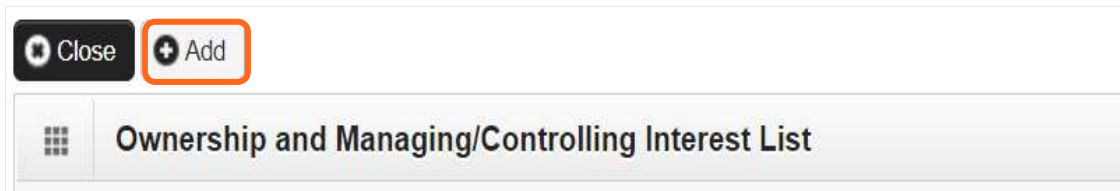
Note: Once your application is submitted you can no longer delete a specialization. See our **Group Modification guide** for further instructions.

Step 4: Add ownership details

This step is required to create your provider account. If also applying for HCA, see their **Enroll as a Provider Website** for instructions to complete this step.

Identifying an individual Owner or Managing Employee is required. An Organizational Owner or Board of Directors may be added, as well. Use one or more of the options below to finish this step.

- Click **Add**.



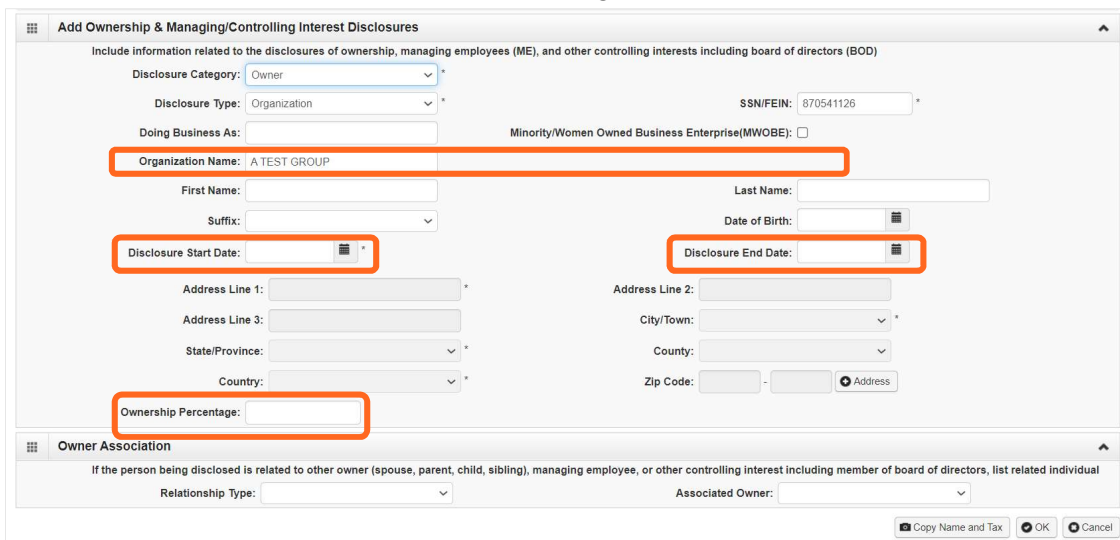
INDIVIDUAL OWNER

Note: You must add an “**Individual Owner**” to complete this step.

- Select **Disclosure Category** Owner or Managing Employee.
- Select **Disclosure Type** Individual.
- Enter the individual’s SSN.



- Finish the remaining required fields.
 - Enter the first day of ownership as the **Disclosure Start Date**. Don’t enter the **Disclosure End Date**, the end date will auto-populate to 12/31/2999.
 - Enter an **Ownership Percentage**.
- Click **OK** to save or **Cancel** to close without saving.



- Repeat these steps as needed for additional owners.

ORGANIZATION OWNER

Note: You're not required to provide an "Organization Owner" to complete this step.

- Click **Add**.



Close Add

Ownership and Managing/Controlling Interest List

- To auto-populate data, click **Copy Name and Tax** at the bottom of the screen.



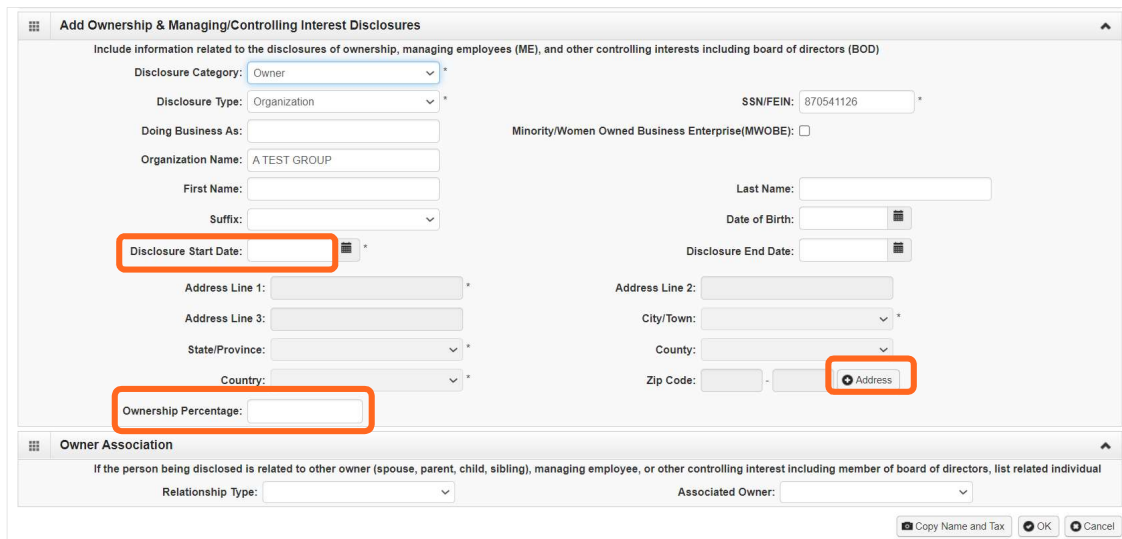
Owner Association

If the person being disclosed is related to other owner (spouse, parent, child, sibling), managing employee, or other controlling interest including member of board of directors, list related individual

Relationship Type: Associated Owner:

Copy Name and Tax OK Cancel

- Complete the remaining required fields:
 - Enter the first day of ownership from your **Individual Disclosure Type** as the **Disclosure Start Date**. Don't enter the Disclosure End Date, the end date will auto-populate to 12/31/2999.
 - Click **+Address** and complete the steps.
 - Enter an **Ownership Percentage**.



Add Ownership & Managing/Controlling Interest Disclosures

Include information related to the disclosures of ownership, managing employees (ME), and other controlling interests including board of directors (BOD)

Disclosure Category: Owner
Disclosure Type: Organization
Doing Business As:
Organization Name: A TEST GROUP
First Name:
Suffix:
Disclosure Start Date:
Address Line 1:
Address Line 3:
State/Province:
Country:
Ownership Percentage:

SSN/FEIN: 870541126
Minority/Women Owned Business Enterprise(MWOB):
Last Name:
Date of Birth:
Disclosure End Date:
Address Line 2:
City/Town:
County:
Zip Code: Address

Owner Association

If the person being disclosed is related to other owner (spouse, parent, child, sibling), managing employee, or other controlling interest including member of board of directors, list related individual

Relationship Type: Associated Owner:

Copy Name and Tax OK Cancel

- Click **OK** to save or **Cancel** to close without saving.

DELETE OWNERSHIP INFORMATION

Ownership information can only be deleted during the enrollment process.

- Check the box next to the record you want to delete and click **Delete**, then click **Save** to close.

The screenshot shows a web application interface for managing ownership information. At the top, there are 'Close' and 'Add' buttons. Below is a title bar 'Ownership and Managing/Controlling Interest List'. A 'Filter By' section includes dropdown menus and a 'Go' button. A 'Save Filter' button and a 'My Filters' dropdown are also present. The main area is a table with the following columns: Owner/ME/BOD Id, Owner/ME/BOD Name, Disclosure Type, Disclosure Category, Start Date, and End Date. A single record is displayed with the ID '111-22-2333' and the name 'PRU TEST INDIVIDUAL, PRU TEST INDIVIDUAL'. The disclosure type is 'Individual' and the category is 'Owner'. The start date is '01/01/2020' and the end date is '12/31/2999'. At the bottom of the table, there is a 'Delete' button (highlighted with a red box), a 'View Page: 1' field, a 'Go' button, a 'Page Count' button, a 'SaveToXLS' button, and a 'Viewing Page: 1' indicator. Navigation buttons for 'First', 'Prev', 'Next', and 'Last' are also visible.

Owner/ME/BOD Id	Owner/ME/BOD Name	Disclosure Type	Disclosure Category	Start Date	End Date
111-22-2333	PRU TEST INDIVIDUAL, PRU TEST INDIVIDUAL	Individual	Owner	01/01/2020	12/31/2999

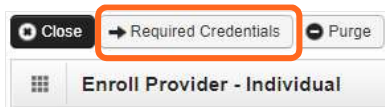
Step 5: Add licenses and certifications

Not all FAOI providers are required to be licensed. Follow the instructions below if the BPW step is indicating it is **Required**. Before clicking into Step 5, review **Required Credentials**. The **Required Credentials** tool tells you what type of license and certification information you need to provide to continue with enrollment.

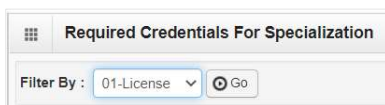
Tip: Make note of all requirements. You may use the Required Credentials tool for multiple steps.

CHECK REQUIRED CREDENTIALS

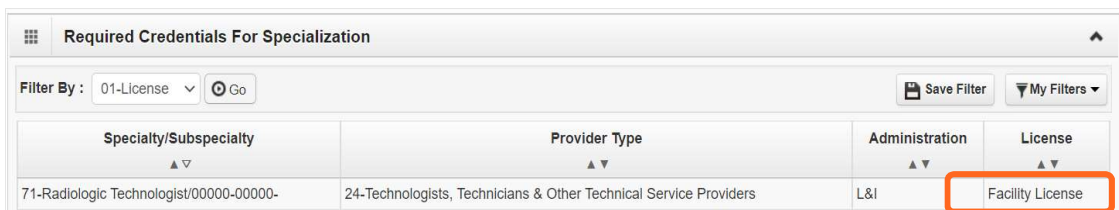
- Click **Required Credentials** from the BPW.



- To view the License Requirements, use the **Filter By** drop-down to select **01-License** and click **Go**.



- Required license(s) will be displayed, if required (see highlighted below).

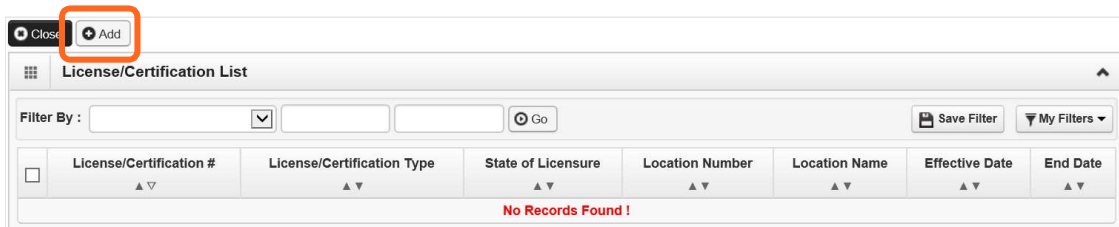


Specialty/Subspecialty	Provider Type	Administration	License
71-Radiologic Technologist/00000-00000-	24-Technologists, Technicians & Other Technical Service Providers	L&I	Facility License

- Make a note of your required license as you'll need it to complete Step 5.
- When finished, click **Cancel** to close.

ADD LICENSES/CERTIFICATIONS

- Licenses/Certifications may be required for each location with an added specialization. If you have a **DEA number**, you can enter it in this step.
- Click **Add**.



- Use the **Location** drop-down to add a license or certification to a specific provider location.

- Select **All** only if the license pertains to every location.

- Complete the **License #** and **State** fields.
- The **Effective Date** is when the license was first issued.
- In the **End Date** field, enter the expiration date.
- Click **OK** to save or **Cancel** to close without saving.
- If the required credentials indicates a license is required for your specialty, but your state does not require licensure select the facility license drop down and enter NA in the license/certification field. Select your state in the **State of Licensure**.
- Enter **today's date** as the **Effective Date**.
- Enter **12/31/2999** as the **End Date**.

DELETE LICENSES/CERTIFICATIONS

Licenses and certifications can only be deleted during the enrollment process.

- Check the box next to the record you want to delete and click **Delete**, then click **Close** to exit

License/Certification #	License/Certification Type	State of Licensure	Location Number	Location Name	Effective Date	End Date
<input checked="" type="checkbox"/> 4321	Professional License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	01/01/2022
<input type="checkbox"/> 1234	Business License	WA - Washington	00001	PRU TEST INDIVIDUAL	01/01/2020	12/31/2999

Step 6-8: Not Applicable to FAOI enrollments

Step 9: Add federal tax details

W-9 information is required and collected for all providers.

Note: The information on this screen **must match the W-9 form** you'll upload in the last step of the BPW.

ADD FEDERAL TAX DETAILS

- Click the **W-9** link.

Close

Federal Tax Details

IRS Form W-9 information is required for all Providers. Please ensure that your Form W-9 information is accurate by clicking on the hyperlink below. You may be eligible to enter optional Form W-4 and W-5 information.

Federal Tax Form

W-9 Form

Delete View Page: 1 Go + Page Count SaveToXLS Viewing Page: 1 First Prev Next Last

- Complete the form.
- **Note:** The information on this screen **must match the W-9 form** you'll upload in the last step of the BPW.
- Use the **Address** drop-down menu to select the base location. The Pay-To address will auto-populate the address fields. The Pay-To address should match your Federal Tax data.

Form W-9

To update/correct the data in the disabled fields, please go back to Basic Information step.

Legal Name: A TEST FAOI SSN/FEIN: 11-1111111

W-9 Entity Type: LLC Filing as Corporation UBI:

Business Name:

Exempt from Backup Withholding:

Address

Use Pay-To address from the following location: ---SELECT---

Address Line 1: * Address Line 2: *

Address Line 3: * City/Town: *

State/Province: * County: *

Country: * Zip Code: * Address

Phone Number: *

OK Cancel

- Click **OK** to save or **Cancel** to close without saving.

Note: Adding federal tax details is required for all FAOI enrollments. ProviderOne doesn't allow you to delete this form. You can click the W-9 link to modify the information in this step.

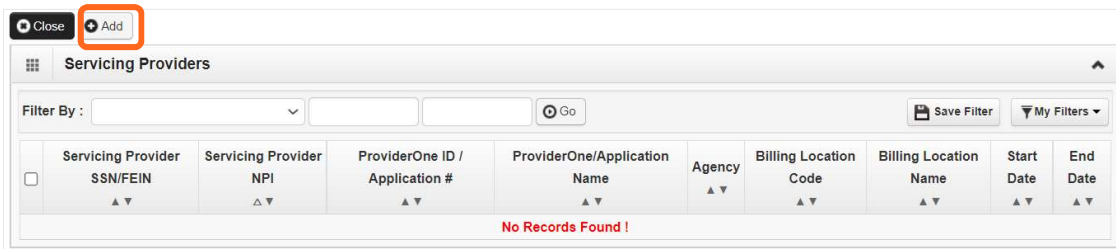
Steps 10-13: Not applicable to L&I providers

Step 14: Add servicing provider information

This step doesn't apply to all L&I FAOI providers. However, if you need to establish a group account to bill for professional fees follow the steps below.

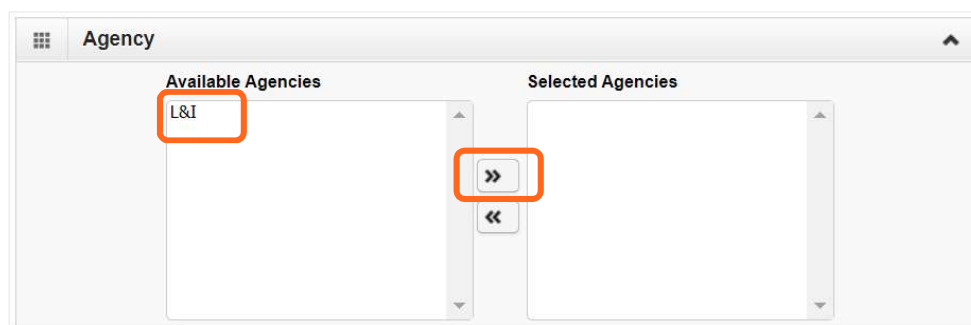
Note: Prior to completing this step click back into Step 3 Specializations and add the group/multi-specialty taxonomy.

Click Add

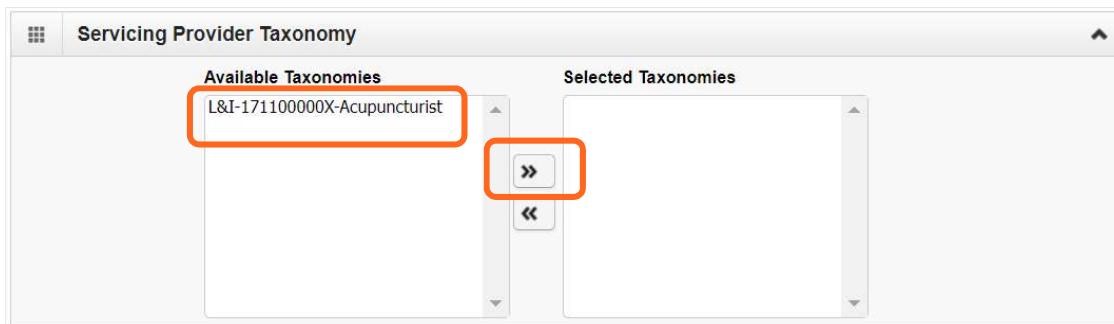


- Enter the SSN/FEIN of the servicing provider, and one of the following: **NPI, Application #or ProviderOne ID.**
- Enter the Start Date. Leave the End Date Field blank

- Click Confirm Provider.
 - If the provider you are adding has an active L&I ProviderOne domain L&I will be listed in the Available Agencies box.
- Click **L&I** and use the double right arrows to move it to the **Selected Agencies** box

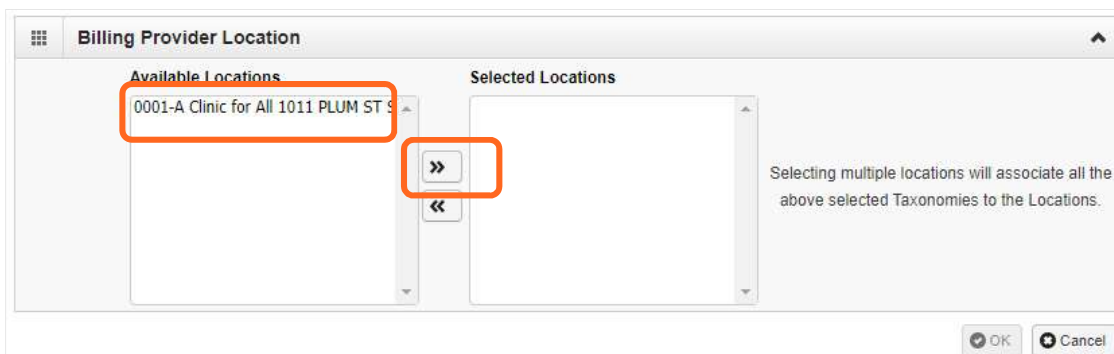


- In **Available Taxonomies**, select the provider’s primary specialty (taxonomy) and use the double right arrow to move it to the **Selected Taxonomies** box.



Note: Only select the provider’s primary taxonomy. Any additional taxonomy you add will result in multiple billing accounts for the provider.

- Click the **Available Locations** and use the double right arrows to move it to the **Selected Locations** box. More than one may be selected. Note: Only select locations where the provider will be providing services to injured workers. They will be issued a unique billing account for each location.

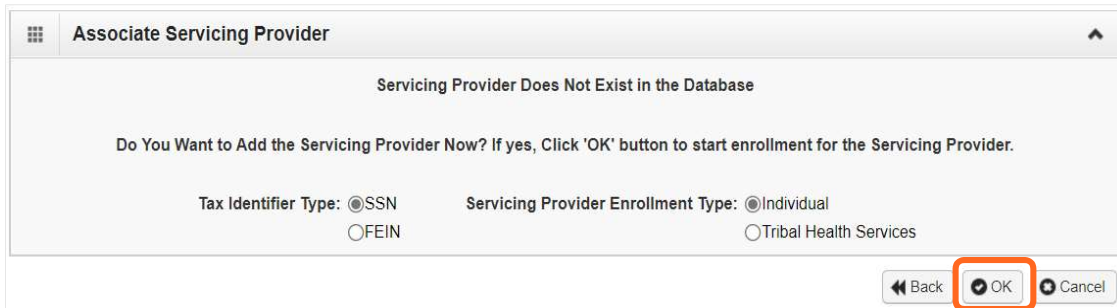


- Click **OK** to save or **Cancel** to close without saving.
- Ignore the **Social Service Servicing Only Provider List**. L&I doesn’t use this.

PROVIDER DOESN'T EXIST IN DATABASE

If the provider doesn't exist in the database after searching with the SSN/FEIN and NPI, you'll be prompted to add the servicing provider. See the **Enrollment guide for individual servicing providers** for more information.

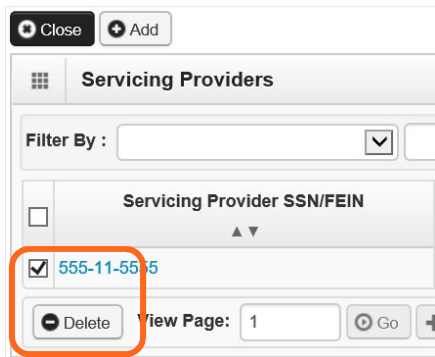
Click **OK** to start the enrollment process, **Back** to return to the previous page, or **Cancel** to return to the Servicing Provider List.



DELETE SERVICING PROVIDERS

During the application process, if you add a provider incorrectly and need to remove them follow the instructions below. Note: Once the application is submitted you will not be able to delete them.

- Check the box next to the record you want to delete and click **Delete**.
 - This will delete the association between the servicing provider and your group, but does not delete their record from ProviderOne.
- Click Close

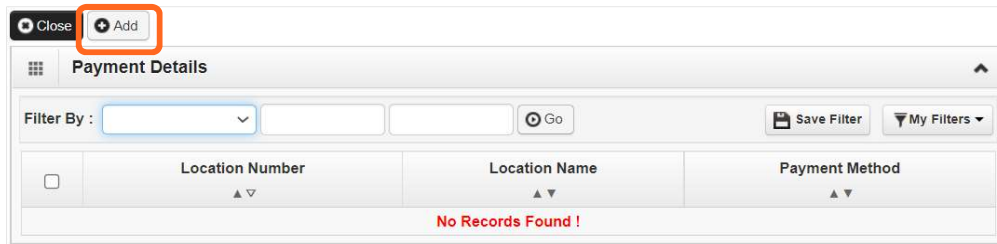


Step 15: Add payment and remittance details

Payment information applies to all locations.

ADDING PAYMENT AND REMITTANCE DETAILS

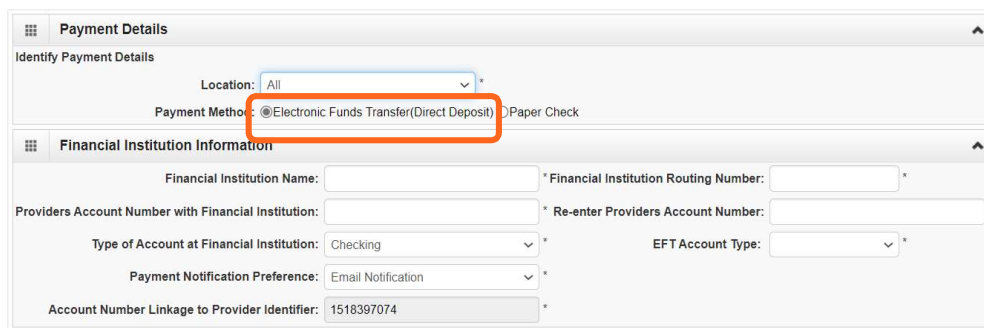
- Click **Add**.



The screenshot shows a web interface for adding payment details. At the top left, there are 'Close' and 'Add' buttons. The 'Add' button is highlighted with a red box. Below the buttons is a 'Payment Details' section with a filter bar and a table. The table has columns for 'Location Number', 'Location Name', and 'Payment Method'. The table is currently empty, and a red message 'No Records Found!' is displayed at the bottom of the table area.

ELECTRONIC FUNDS TRANSFER (DIRECT DEPOSIT)

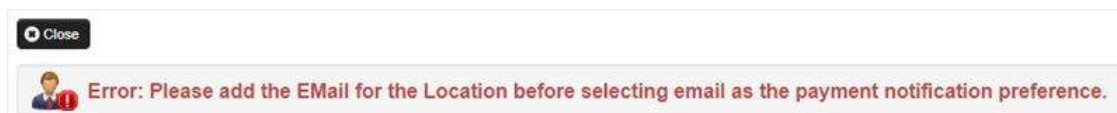
- Click **Electronic Funds Transfer (Direct Deposit)**.



The screenshot shows the 'Payment Details' form with the 'Payment Method' dropdown menu open. The 'Electronic Funds Transfer(Direct Deposit)' option is selected and highlighted with a red box. Below the dropdown menu is the 'Financial Institution Information' section, which includes fields for 'Financial Institution Name', 'Financial Institution Routing Number', 'Providers Account Number with Financial Institution', 'Re-enter Providers Account Number', 'Type of Account at Financial Institution', 'Payment Notification Preference', and 'Account Number Linkage to Provider Identifier'.

- Enter the required information for **Electronic Funds Transfer (direct deposit)**, the fastest payment method. No other forms are required.
- The **Payment Notification Preference** default is **Email Notification**. This requires an email entry in Step 2: Locations.
 - If the error message below appears, you didn't provide an email in Step 2.

Note: If you don't want to provide an email, change the **Payment Notification Preference** to **Letter Notification**.

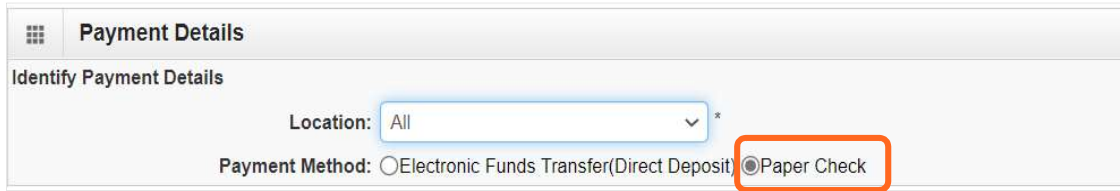


The screenshot shows an error message in a red box. The message reads: 'Error: Please add the EMail for the Location before selecting email as the payment notification preference.' There is a small icon of a person with a red 'X' next to it.

- Click **Close** to close the error message.
- Click **Cancel** to go back to the BPW and complete **Step 2** to continue with EFT enrollment.
- The bank will verify your data in approximately 7-10 days.
- When verified, there will be a status of Successful. If not verified, there will be a status Failed and payments will continue by paper check.

PAPER CHECK

- Click **Paper Check**. The check (warrant) will be mailed to the **Pay-To** address.

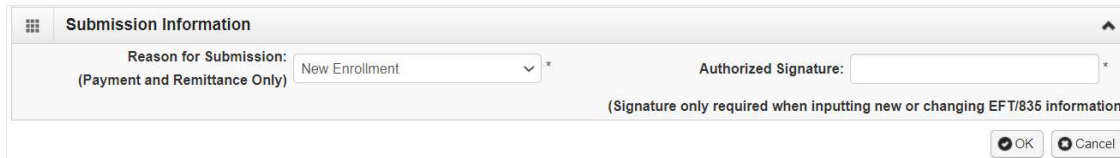


The screenshot shows a form titled "Payment Details" with a sub-section "Identify Payment Details". It contains a "Location:" dropdown menu set to "All" and a "Payment Method:" section with two radio buttons: "Electronic Funds Transfer(Direct Deposit)" and "Paper Check". The "Paper Check" option is selected and highlighted with a red rectangular box.

ELECTRONIC REMITTANCE ADVICE

At this time L&I does not utilize ProviderOne to establish electronic billing and remittance. To set up electronic billing visit [L&I's Provider Express Billing](#) on our public website for instructions.

- Use the drop-down menu to select **New Enrollment** and enter the name of the person authorized to provide the payment choice.



The screenshot shows a form titled "Submission Information". It contains a "Reason for Submission:" dropdown menu set to "New Enrollment" and an "Authorized Signature:" text input field. Below the input fields, there is a note: "(Signature only required when inputting new or changing EFT/835 information)". At the bottom right, there are "OK" and "Cancel" buttons.

- Click **OK** to save or **Cancel** to close without saving.

Step 16: Complete enrollment checklist

- No or Yes is required for each question. Any “Yes” answer must have comments.
- Click **Save**, then **Close**.

The screenshot shows a web application window titled "Provider Checklist". At the top left, there are two buttons: "Close" and "Save". The "Save" button is highlighted with a red rectangle. Below the buttons is a table with three columns: "Question", "Answer", and "Comments". The table contains eight rows of questions, each with a "Not Completed" answer and a dropdown arrow. At the bottom of the form, there is a navigation bar with "View Page: 1", "Go", "Page Count", "SaveToXLS", "Viewing Page: 1", and navigation buttons for "First", "Prev", "Next", and "Last".

Question	Answer	Comments
Has the provider or any current employee ever had any of the following?	Not Completed	
Had exclusion under Medicare, Medicaid or any other Federal Healthcare program taken against them?	Not Completed	
Had civil money penalties or assessment imposed under Section 1128A of the Social Security Act? More info: http://www.ssa.gov/OP_Home/ssact/title11/1128A.htm	Not Completed	
Had a restriction or sanction taken against their professional license or certification?	Not Completed	
Had a Program Debarment taken against them? More info: http://exclusions.oig.hhs.gov https://www.sam.gov/	Not Completed	
Been convicted of any health related crimes as defined by Washington State Department of Health?	Not Completed	
Been convicted of a criminal offense as described in Section 1128(a) or (b), 1, 2, and 3 of the Social Security Act? More info: http://www.ssa.gov/OP_Home/ssact/title11/1128.htm	Not Completed	
Been convicted of a crime involving the abuse, neglect, abandonment or exploitation of a vulnerable person? More info: http://apps.leg.wa.gov/WAC/default.aspx?cite=388-71-0540	Not Completed	

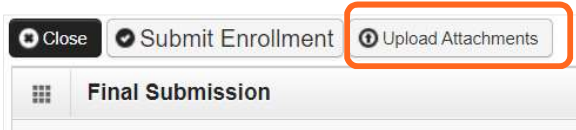
View Page: 1 Go Page Count SaveToXLS Viewing Page: 1 << First < Prev Next > >> Last

Step 17: Final enrollment instructions

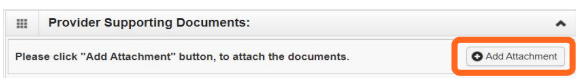
Note: Use the links in the Application Document Checklist to complete and upload forms.

UPLOAD INFORMATION

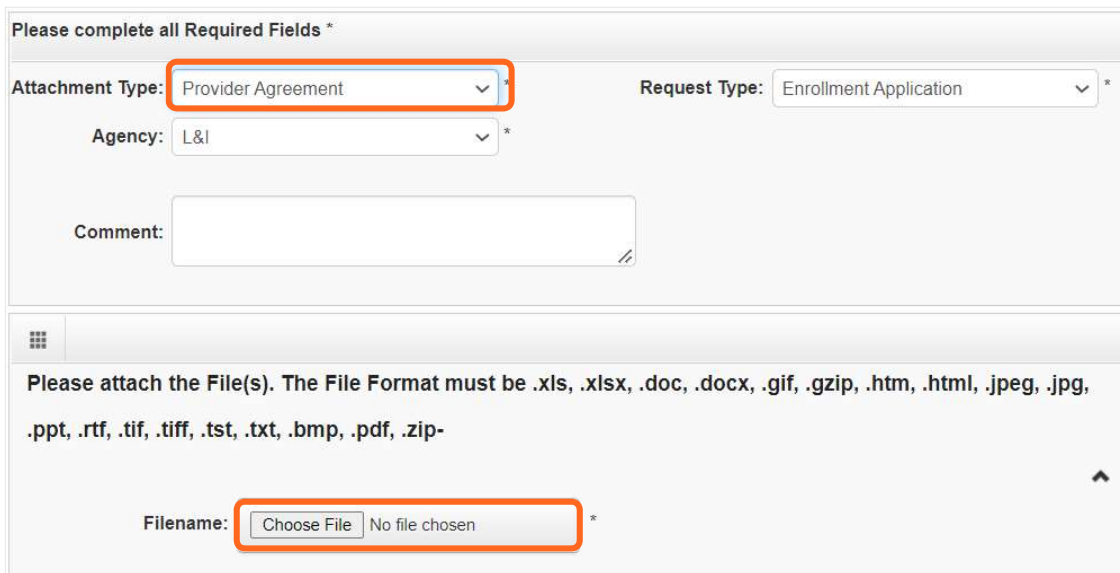
- Click **Upload Attachments**.



- Click **Add Attachments**.

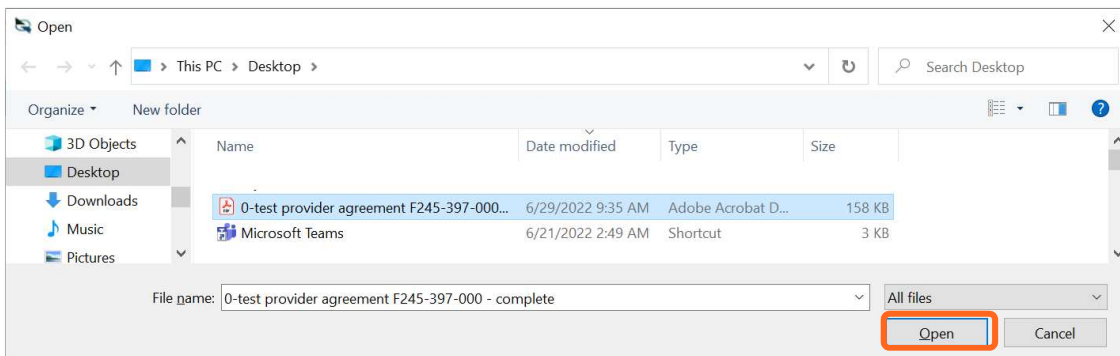


- Use the **Attachment Type** drop-down menu to select the appropriate type.
- Click **Choose File**.

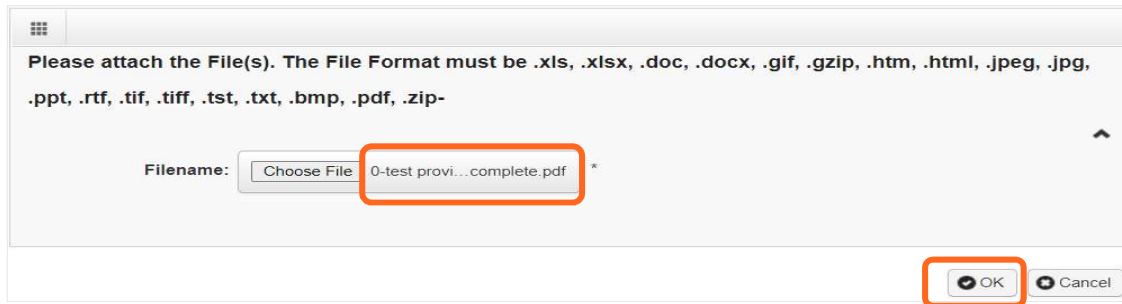


A screenshot of a software form titled 'Please complete all Required Fields *'. It contains several fields: 'Attachment Type' (dropdown menu with 'Provider Agreement' selected), 'Request Type' (dropdown menu with 'Enrollment Application' selected), 'Agency' (dropdown menu with 'L&I' selected), and a 'Comment' text box. Below these fields is a section titled 'Please attach the File(s). The File Format must be .xls, .xlsx, .doc, .docx, .gif, .gzip, .htm, .html, .jpeg, .jpg, .ppt, .rtf, .tif, .tiff, .tst, .txt, .bmp, .pdf, .zip-'. At the bottom of this section is a 'Filename:' field with a 'Choose File' button and the text 'No file chosen'. The 'Choose File' button is highlighted with an orange rectangle.

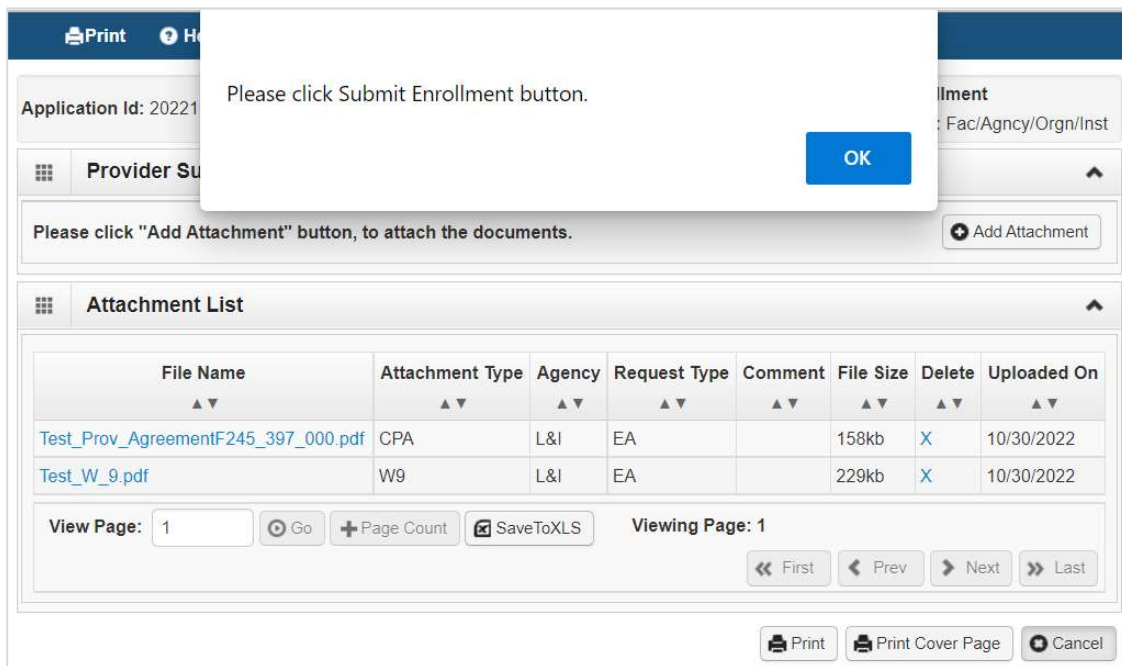
- Select your saved document and click **Open**, or the equivalent for your system.



- The name of the file will appear next to the **Choose File** button. Click **OK**.



- The document is now uploaded and will display in the **Attachment List**. If the wrong document is selected, click the blue X in the delete column.
- After uploading required attachments, click **Cancel**. A pop-up will appear (see below). Click **OK** to return.



SUBMIT THE ENROLLMENT APPLICATION

- Click **Submit Enrollment**.

Final Submission

Application #: 20220629694630 Enrollment Type: Individual

The information submitted for enrollment shall be verified and reviewed by the agency(s) you have selected. During this time, any changes to the information shall not be accepted.

By clicking on the button "Submit Enrollment", I agree that the information submitted as a part of the application is correct.

Please ensure all required documents are uploaded using the "upload attachments" at the top of the page prior to submitting your application.

Application Document Checklist

Forms/Documents	Special Instructions	Agency	Link
Provider Agreement		L&I	https://www.lni.wa.gov/forms-publications/F245-397-000.pdf
W9		L&I	Form W-9 (Rev. October 2018) (irs.gov)

View Page: 1 Go Page Count Viewing Page: 1 First Prev Next Last

SaveToXLS

Final Submission

Application #: 20221027701594 Enrollment Type: Fac/Agncy/Orgn/Inst

The information submitted for enrollment shall be verified and reviewed by the agency(s) you have selected. During this time, any changes to the information shall not be accepted.

By clicking on the button "Submit Enrollment", I agree that the information submitted as a part of the application is correct.

Please ensure all required documents are uploaded using the "upload attachments" at the top of the page prior to submitting your application.

Application Document Checklist

Forms/Documents	Special Instructions	Agency	Link
Provider Agreement		L&I	https://www.lni.wa.gov/forms-publications/F245-397-000.pdf
W9		L&I	https://www.irs.gov/pub/irs-pdf/fw9.pdf

- Click **Close**.
- Task Complete